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PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number 10/781404		Filing Date		
						Applicant(s)				
6/22/04						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1		1				51			
2	1		1				52			
3	1		1				53			
4		3		3			54			
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8		2		2			58			
9		3		3			59			
10		3		3			60			
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Total Indep	3		3				Total Indep			
Total Depend	50		50				Total Depend			
Total Claims	53		53				Total Claims			

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